

Attention:

This form or schedule is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**

Official Use Only

OMB Nos. 1210-0110/1210-0089

2005

**This Form is Open to
Public Inspection.**

Part I Annual Report Identification Information

**For the calendar plan year 2005
or fiscal plan year beginning**

and ending

MM/DD/YYYY

- A** This return/report is for:

<p>(1) <input type="checkbox"/> a multiemployer plan;</p> <p>(2) <input type="checkbox"/> a single-employer plan (other than a multiple-employer plan);</p>	<p>(3) <input type="checkbox"/> a multiple-employer plan; or</p> <p>(4) <input type="checkbox"/> a DFE (specify)</p>
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B This return/report is:

<p>(1) <input type="checkbox"/> the first return/report filed for the plan;</p> <p>(2) <input type="checkbox"/> an amended return/report;</p>	<p>(3) <input type="checkbox"/> the final return/report filed for the plan;</p> <p>(4) <input type="checkbox"/> a short plan year return/report (less than 12 months).</p>
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C If the plan is a collectively-bargained plan, check here

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions)

Part II Basic Plan Information -- enter all requested information.

1a Name of plan

[illegible]

1b Three-digit plan number (PN) ►

1c Effective date of plan

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator

SIGN HERE

Date _____

Type or print name of individual signing as plan administrator

a

Signature of employer/plan sponsor/DFE

SIGN HERE

Date _____

Type or print name of individual signing as employer, plan sponsor or DFE

b

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Cat. No. 13500F

Form **5500** (2005)



5 Preparer information (optional)

a Name (including firm name, if applicable) and address

[illegible]

6 Total number of participants at the beginning of the plan year

7 Number of participants as of the end of the plan year (welfare plans complete only lines **7a**, **7b**, **7c**, and **7d**)

a Active participants

b Retired or separated participants receiving benefits.....

c Other retired or separated participants entitled to future benefits

d Subtotal. Add lines 7a, 7b, and 7c

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

f Total. Add lines **7d** and **7e**

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)



